#### **Table of Contents**

#### SACPA COUNTY FISCAL PLANNING FORMS

I. Contact Information	2
II. Entity Information	3
III. Service/Activity Information	5
IV. Capacity Planning	7
V. Client Projections	é

(3)Current Contact Info:   (a) Name   (b) Title   (c) Phone   (d) Fax   (e) Pager   (f) Mobile Phone   (g) Email Address   (4) Notes:	e C - SACPA FISCAL PLANNING FORM		
(3)Current Contact Info:  (a) Name (b) Title (c) Phone (d) Fax (e) Pager (f) Mobile Phone (g) Email Address	Section I.	Contact Information	
(a) Name (b) Title (c) Phone (d) Fax (e) Pager (f) Mobile Phone (g) Email Address	(1) County of	(2) Fiscal Year	
(a) Name (b) Title (c) Phone (d) Fax (e) Pager (f) Mobile Phone (g) Email Address			
(b) Title (c) Phone (d) Fax (e) Pager (f) Mobile Phone (g) Email Address			
(c) Phone (d) Fax (e) Pager (f) Mobile Phone (g) Email Address	· ·		
(d) Fax (e) Pager (f) Mobile Phone (g) Email Address			
(e) Pager (f) Mobile Phone (g) Email Address			
(f) Mobile Phone (g) Email Address			
(g) Email Address			
(4) Notes:			
	(4) Notes:		

Enc	losure C-SACPA FISCA	L PLA	NNA	ING I	FOF	RM																				3
Se	ction II. Entity Info	orma	tio	n																						
<b>(1)</b>	Allocation Amount_			(	<b>(2)</b>	Ex	ces	ss	Fu	nds					_ (	3)	То	tal F	un	ds						
<b>(4)</b>	County of							_ (5	5) F	Fisca	al Y	'ea	r			(6	) V	ersi	on			_				
									F	Plann	ed D	olla	ırs (	\$00	0,00	0,00	00)									_
	Entity Type			Direc	t Se	rvio	ces				A			trati ties					Т	ota	l Do	olla	rs			Percentage f Allocation
	(7) Drug Treatment	(8	)							(9)								(10)							(1	1)
	(40) Other Comises	//	2)							(4.4)			<u> </u>	<u> </u>				(4.5)		<u> </u>	<u> </u>	<u> </u>			//	0)
	(12) Other Services	(1	3)		T					(14)	1	Τ	Ι					(15)	1		1	1	<u> </u>	T	(1	6)
•																										
•		+																								
•																										
-																										
	(17) Subtotal																									
		·								·														•	·	
				(	Calif	orni	ia D	epai	rtme	ent of	Alco	hol	and	Dru	ig P	rogr	am	5								

Revised 04/27/01

								Pla	anne	ed D	Olla	rs (	000	0,00	0,000	0)									Percentage
Entity Type			Dir	rect	: Se	rvic	es				lmiı Act								То	tal	Do	llar	'S		of Allocation
(18) Criminal Justice	(1	9)						(2	0)								(21	)							(22)
(23 Subtotal																									
(24) Grand Total																									

Enclosure C-SACPA FISCAL PLA	ANNING FORM		5
Section III. Service/Activ	ity Information		
(1) Allocation Amount(4) County of	(2) Excess Funds (5) Fiscal Year	(3) Total Funds (6) Version	

	Planned Dollars (\$000,000,000)  Administrative Total Dollars													Percentage						
Service Type		D	irec	t Se	rvic	es		A		_	trati ties	ve		T	otal	Do	lla	rs		of Allocation
Drug Treatment	(7	)					(8	3)					(9)							(10)
(a) Non-Residential/Outpatient																				
(b) Treatment/recovery – no meds																				
(c) Treatment/recovery – Methadone, LAAM, or other meds prescribed																				
(d) Day Program – intensive																				
(e) Detoxification – no meds																				
(f) Detoxification – Methadone, LAAM, or other meds prescribed																				
(g) Residential			-						<u> </u>		<u> </u>				•	· · · · ·	•	-	-	
(h) Detoxification (hospital)																				
(i) Detoxification (non-hospital) – no meds																				
(j) Detoxification (non-hospital) –Methadone, LAAM, or other meds prescribed																				
(k) Treatment/recovery – no meds																				
(I) Treatment/recovery – Methadone, LAAM, or other meds prescribed																				
(11) Subtotal																				

California Department of Alcohol and Drug Programs
Revised 04/27/01

# **Service/Activity Information, cont'd.**

		000)	Percentage	
Service Type	Direct Services	Administrative Activities	Total Dollars	of Allocation
Other Services	(12)	(13)	(14)	(15)
(m) Literacy Training				
(n) Family Counseling				
(o) Vocational Training				
(p) Other Client Services (explain below)				
Explanation:				
(16) Subtotal				
Case Management Activities	(17)	(18)	(19)	(20)
(q) Referral/Assessment				
(r) Placement				
(s) Court Monitoring				
(t) Supervision				
(u) Miscellaneous (explain below)				
Explanation:				
(21) Subtotal				
(22) Grand Total				

Enclosure C-SACPA FISCAL PLANNING FORM	7
Section IV. Capacity Planning	

(1) County of	(2) Fiscal Year	(3) Version
---------------	-----------------	-------------

	Capacity Planned Total															
Service Type			Exis	sting	)		Pla	anne	ed Ac	dditio	nal		Pla	nne	d Tota	al
Drug Treatment																
(a) Non-Residential/Outpatient	(	4)					(5)					(6)				
(b) Treatment/recovery – no meds																
(c) Treatment/recovery – Methadone, LAAM, or other meds prescribed																
(d) Day Program – intensive																
(e) Detoxification – no meds																
(f) Detoxification – Methadone, LAAM, or other meds prescribed																
(g) Residential	(7)			-	*		(8)		-	•		(9)				- <u></u>
(h) Detoxification (hospital)																
(i) Detoxification (non-hospital) – no meds																
(j) Detoxification (non-hospital) – Methadone, LAAM, or other meds prescribed																
(k) Treatment/recovery – no meds																
(I) Treatment/recovery – Methadone, LAAM, or other meds prescribed																
(10) Sub Total Drug Treatment																

California Department of Alcohol and Drug Programs
Revised 04/27/01

## Capacity Planning, cont'd.

				Capacity												
Service Type		F	Plann	ed A	Addi	itior	nal		Pla	nne	ed To	otal				
Other Services	(1	11)			(	12)					(13	)				
(m) Literacy Training																
(n) Family Counseling																
(o) Vocational Training																
(p) Other Client Services (explain below)																
Explanation:																
(14) Sub Total Services																
(15) Grand Total																

### **Section V. Client Projections**

(1) County of \_\_\_\_\_ (2) Fiscal Year \_\_\_\_ (3) Version \_\_\_\_

(4) Projected Referral Source	Pro	jected of Cl	d Num ients	nber	
(a) Referred From Parole					
(b) Referred From Court/Probation					
(5) Grand Total (optional)					
Service Type	Pro	jected of Cl	d Num	nber	
(6) Drug Treatment					
(c) Non-Residential/Outpatient					
(d) Treatment/recovery – no meds					
(e) Treatment/recovery – Methadone, LAAM, or other meds prescribed					
(f) Day Program – intensive					
(g) Detoxification – no meds					
(h) Detoxification – Methadone, LAAM, or other meds prescribed					
(i) Residential	1				
(j) Detoxification (hospital)					
(k) Detoxification (non-hospital) – no meds					
(I) Detoxification (non-hospital) – Methadone, LAAM, or other meds prescribed					
(m) Treatment/recovery – no meds					
(n) Treatment/recovery – Methadone, LAAM, or other meds prescribed					
(7) Sub Total Drug Treatment					

### Client Projections, cont'd.

Service Type	Projected Number of Clients					
(8) Other Service Types						
(o) Literacy Training						
(p) Family Counseling						
(q) Vocational Training						
(r) Other Client Services (explain below)						
Explanation:						
(9) Sub Total Other						
(10) Grand Total						